

Building a needle exchange in the desert

COMMUNITY, LEGAL, AND OPERATIONAL ASPECTS OF THE ORANGE
COUNTY NEEDLE EXCHANGE PROGRAM (OCNEP)

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California syringe exchange law

- Since 1999, legal under county declaration “state of emergency”
- Since 2005, legal in any county

However, few programs opened in high need areas, so:

- Since 2011, state public health able to authorize programs

What if this didn't work?

- Physician oversight loophole



Orange County

- 6th largest in the United States: > 3.2 million people
- Adjacent to Riverside, 10th largest: > 2.3 million
- Yet no harm reduction services available until we opened in 2016

Our program

- First NEP authorized by the California Department of Public Health
- All volunteer, mobile program
- 8 months open
- 5,057 client visits
- 291,118 syringes collected
- 371,035 syringes distributed
- 315 naloxone saves

So why did it take so long?




OCNEP



THE CDPH



What the CDPH requires

- Demonstrate that there is need for services in your area
 - Demonstrate an ability to provide or refer to:
 - drug abuse treatment services
 - HIV/HCV screening
 - HAV and HBV vaccination
 - STD screening
 - housing services for homeless people and victims of domestic violence
 - distribution of condoms
 - risk reduction education
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What the CDPH requires (continued)

- Provide a:
 - syringe dispensing plan
 - syringe collection and disposal plan
 - service delivery plan
 - data collection and program evaluation plan
 - community relations plan
 - budget and evidence of funding

Our initial application: 47 pages, over 44 references



CDPH application process

- After submission, 1 month of business days to determine “provisional appropriateness”
- If appropriate, CDPH notifies:
 - Chief of Police
 - Public Health Officer
 - Head of neighborhood association
- Then, 3 months of public comment
- Then, 1 month of business days until determination
- All told, 6 - 7 months from when application is submitted

Takeaways

- The CDPH has been essential for our success
- The CDPH was also an enormous barrier
- CDPH certification will not allow you to escape politics
- You will have to do extensive political organizing
- You will not be able to avoid bureaucracy

Recommendations

- For applicants:
 - Keep your activist orientation
 - Please feel welcome to contact us for support
 - Strongly consider physician oversight as an option (at least in the meantime)
- For the CDPH:
 - Thank you for authorizing us 😊
 - Please make this easier for activist organizations
 - Play an active facilitation role – you have so much more power than you think

Recommendations (continued)

- For everyone else:
 - Syringe access is not solved in California
 - Continued advocacy is utterly essential
 - When drafting similar legislation, be aware that well meaning rules can create almost insurmountable barriers
 - But if done right, can facilitate program development in otherwise inaccessible areas

Student run – benefits

- Legitimacy - connection to academics, research, grant opportunities
- Free time
- Volunteers tend to be motivated, care about the project for the right reasons
- Access to:
 - HUGE volunteer pool
 - student-earmarked or research-earmarked money
 - knowledge base of people who know about grants, research
 - specialists (in our case, CED legal team)

Student run – disadvantages

- High turnover in leadership
- Often multiple "point people" for tasks rather than one point person
- Most people are not experienced in harm reduction
- Most people are not IDUs or may not know IDUs so need to build legitimacy with IDUs
 - methods: be yourself, be honest, be there
 - involve them as much as possible: we're still working on this
 - use your privilege in their interest

Research

- Use research ONLY to advance people's interests - huge exploitation risk, do not do that
 - Turn down requests if they don't!
- Facilitates project development: able to "pilot" things
- Allows you to obtain expensive things for free (e.g. naloxone, bus pass incentives)
- People want your data all the time and having it can facilitate program implementation

Research – examples

- Needle pickup: demonstrating that our population is invested in the safety of people who don't live there or use drugs; replicating that NEPs (hopefully) don't increase syringe waste
 - Naloxone: enabled us to get free drugs, may help in finding an MD to sign standing order
 - Naloxone in ED: research facilitated program initiation
 - Pregnancy and drug use: trying to develop methods to prevent abuse
 - Contraception needs: enables funding to buy tampons, birth control, staff to administer LARCs, etc.
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